IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE: JESSICA ROJAS ESCOBAR DEBTOR	CASE NO. 15-01588-BKT CHAPTER 13

NOTICE OF FILING OF *AMENDED CHAPTER 13 STATEMENT OF YOUR CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD* AND *CHAPTER 13 CALCULATION OF DISPOSABLE INCOME*

TO THE HONORABLE COURT:

NOW COMES, JESSICA ROJAS ESCOBAR, debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The debtor is hereby submitting ***Amended Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period and Chapter 13 Calculation of Disposable Income***, dated June 8, 2015, herewith and attached to this motion.
2. The *Amended Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period and Chapter 13 Calculation of Disposable Income* are filed to include as income the proceeds of the 401k received in September 2014, by debtor when she resigned, in order to cure the objection raised by the Trustee at docket #11.

I CERTIFY that on this same date a copy of this notice was sent by the Clerk of the Court using CM/ECF systems which will send notifications of such to the Chapter 13 Trustee; and also certify that I have mailed by United States Postal Service copy of this motion to the following non CM/ECF participants: debtor in the above captioned case, and all creditors and parties in interest appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 8th day of June, 2015.

/s/ ***Roberto Figueroa-Carrasquillo***
ROBERTO FIGUEROA CARRASQUILLO
USDC #203614
PO BOX 186 CAGUAS PR 00726-0816
TEL NO. (787) 744-7699
FAX NO. (787) 746-5294
EMAIL: rfigueroa@rfclawpr.com

Fill in this information to identify your case:

Debtor 1 JESSICA ROJAS ESCOBAR
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **District of Puerto Rico**

Case number ______________________
(If known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☑ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

- ☐ 3. The commitment period is 3 years.
- ☑ 4. The commitment period is 5 years.

☑ Check if this is an amended filing

Official Form 22C–1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.
   - ☑ **Not married.** Fill out Column A, lines 2-11.
   - ☐ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write $0 in the space.

			Column A **Debtor 1**	*Column B* **Debtor 2 or non-filing spouse**
2. **Your gross wages, salary, tips, bonuses, overtime, and commissions** (before all payroll deductions).			$ 2,665.33	$ 0.00
3. **Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in.			$ 0.00	$ 0.00
4. **All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.** Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.			$ 400.00	$ 0.00
5. **Net income from operating a business, profession, or farm**				
Gross receipts (before all deductions)	$ 0.00			
Ordinary and necessary operating expenses	– $ 0.00			
Net monthly income from a business, profession, or farm	$ 0.00	Copy here➔	$ 0.00	$ 0.00
6. **Net income from rental and other real property**				
Gross receipts (before all deductions)	$ 0.00			
Ordinary and necessary operating expenses	– $ 0.00			
Net monthly income from rental or other real property	$ 0.00	Copy here➔	$ 0.00	$ 0.00

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. **Interest, dividends, and royalties**	$ 0.00	$ 0.00
8. **Unemployment compensation**	$ 0.00	$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ....

For you .... $ 0.00

For your spouse .... $ 0.00

	Column A	Column B
9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.	$ 0.00	$ 0.00

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

	Column A	Column B
10a. ________	$______	$______
10b. ________	$______	$______
10c. Total amounts from separate pages, if any.	+ $ 0.00	+ $ 0.00

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

$ 3,065.33 + $ 0.00 = $3,065.33

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** .... $ 3,065.33

13. **Calculate the marital adjustment.** Check one:

- ☑ You are not married. Fill in 0 in line 13d.
- ☐ You are married and your spouse is filing with you. Fill in 0 in line 13d.
- ☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. ________ $______

13b. ________ $______

13c. ________ + $______

13d. Total .... $ 0.00 Copy here. ➔ 13d. — 0.00

14. **Your current monthly income.** Subtract line 13d from line 12. 14. $ 3,065.33

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here ➔ .... 15a. $ 3,065.33

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. 15b. $ 36,783.96

16. **Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live. **Puerto Rico**

16b. Fill in the number of people in your household. **2**

16c. Fill in the median family income for your state and size of household. .... 16c. $ **23,069.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. **How do the lines compare?**

17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Disposable Income* (Official Form 22C–2).

17b. ☑ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C–2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. **Copy your total average monthly income from line 11.** .... 18. $ **3,065.33**

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a. 19a. – $ **0.00**

Subtract line 19a from line 18. 19b. $ **3,065.33**

20. **Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b........ 20a. $ **3,065.33**

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form. 20b. $ **36,783.96**

20c. Copy the median family income for your state and size of household from line 16c. .... $ **23,069.00**

21. **How do the lines compare?**

☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

☑ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

✗ */s/ JESSICA ROJAS ESCOBAR*
Signature of Debtor 1

✗ ______________________
Signature of Debtor 2

Date **June 8, 2015**
MM / DD / YYYY

Date ______________
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C–2.

If you checked 17b, fill out Form 22C–2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 JESSICA ROJAS ESCOBAR
First Name Midde Name Last Name

Debtor 2 ____________________
(Spouse, if filing) First Name Midde Name Last Name

United States Bankruptcy Court for the: **District of Puerto Rico**

Case number ____________________
(If known)

☑ Check if this is an amended filing

Official Form 22C–2

Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C–1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. **The number of people used in determining your deductions from income**
Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. **2**

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. $ **1,092.00**

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older–because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person $ 60.00

7b. Number of people who are under 65 X 2

7c. Subtotal. Multiply line 7a by line 7b. $ 120.00 Copy line 7c here ➔ $ 120.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person $ 144.00

7e. Number of people who are 65 or older X 0

7f. Subtotal. Multiply line 7d by line 7e. $ 0.00 Copy line 7f here ➔ + $ 0.00

7g. **Total**. Add lines 7c and 7f. .... $ 120.00 Copy total here ➔ .... 7g. $ 120.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities – Insurance and operating expenses**
- **Housing and utilities – Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. $ 531.00

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. $ 795.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
DLJ Mortgage Capital	$ 1,012.00
	$
	+ $

9b. Total average monthly payment .... $ 1,012.00 Copy line 9b here ➔ – $ 1,012.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than $0, enter $0. $ 0.00 Copy 9c here ➔ $ 0.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** $ 0.00

Explain why: ______

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☑ 1. Go to line 12.
- ☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. $ 278.00

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 **Describe Vehicle 1:** ______

13a. Ownership or leasing costs using IRS Local Standard 13a. $ 517.00

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
	$ 0.00

Copy 13b here➔ – $ 0.00 Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. If this number is less than $0, enter $0. 13c. $ 517.00 **Copy net Vehicle 1 expense here➔** $ 517.00

Vehicle 2 **Describe Vehicle 2:** ______

13d. Ownership or leasing costs using IRS Local Standard 13d. $ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2.
Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
	$ 0.00

Copy here➔ – $ 0.00 Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13e from 13d. If this number is less than $0, enter $0. 13f. $ 0.00 **Copy net Vehicle 2 expense here ➔** $ 0.00

14. **Public transportation expense**: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. $ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. $ 0.00

Other Necessary Expenses — In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. — $ **44.52**

    Do not include real estate, sales, or use taxes.

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.

    Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. — $ **0.00**

18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.

    Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. — $ **0.00**

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. — $ **0.00**

    Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. **Education:** The total monthly amount that you pay for education that is either required: — $ **0.00**
    - as a condition for your job, or
    - for your physically or mentally challenged dependent child if no public education is available for similar services.

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. — $ **0.00**

    Do not include payments for any elementary or secondary school education.

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. — $ **0.00**

    Payments for health insurance or health savings accounts should be listed only in line 25.

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. — + $ **0.00**

    Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.

24. **Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23. — $**2,582.52**

Additional Expense Deductions — These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	$ **0.25**
Disability insurance	$ **0.00**
Health savings account	+ $ **0.00**
Total	$ **0.25**

Copy total here ➔ .... $ **0.25**

Do you actually spend this total amount?

- ☐ No. How much do you actually spend? $ **0.00**
- ☑ Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. — $ **0.00**

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. — $ **0.00**

    By law, the court must keep the nature of these expenses confidential.

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. $ **0.00**

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than $156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. $ **0.00**

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. $ **0.00**

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). + **0.00**

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**
Add lines 25 through 31. $ **0.25**

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

	Average monthly payment
Mortgages on your home	
33a. Copy line 9b here ➔	$ **1,012.00**
Loans on your first two vehicles	
33b. Copy line 13b here. ➔	$ **0.00**
33c. Copy line 13e here. ➔	$ **0.00**

	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
33d.	DLJ Mortgage Capital	Residence	☑ No ☐ Yes	$ 1,012.00
33e.			☐ No ☐ Yes	$
33f.			☐ No ☐ Yes	+ $

33g. Total average monthly payment. Add lines 33a through 33f. $ **1,012.00** Copy total here ➔ $ **1,012.00**

34. **Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

❑ No. Go to line 35.

☑ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount
DLJ Mortgage Capital	Residence	$ 15,178.80	÷ 60 =	$ 252.98
		$	÷ 60 =	$
		$	÷ 60 =	+ $
		Total		$ 252.98

Copy total here ➔ $ 252.98

35. **Do you owe any priority claims—such as a priority tax, child support, or alimony— that are past due as of the filing date of your bankruptcy case?** 11 U.S.C. § 507.

☑ No. Go to line 36.

❑ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. .... $ 0.00 ÷ 60 $ 0.00

36. **Projected monthly Chapter 13 plan payment** $

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. x

Average monthly administrative expense $ Copy total here ➔ $

37. **Add all of the deductions for debt payment.** Add lines 33g through 36. $ 1,264.98

Total Deductions from Income

38. **Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances*....................... $ 2,582.52

Copy line 32, *All of the additional expense deductions*.. $ 0.25

Copy line 37, *All of the deductions for debt payment*.. + $ 1,264.98

Total deductions $ 3,847.75 Copy total here ➔ $ 3,847.75

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. **Copy your total current monthly income from line 14 of Form 22C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period*.** .... $ 3,065.33

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. $ 0.00

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). $ 0.00

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here .... → $ 3,847.75

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
43a. ______________________	$______
43b. ______________________	$______
43c. ______________________	+ $______
43d. **Total**. Add lines 43a through 43c..........	$ 0.00

Copy 43d here → + $ 0.00

44. **Total adjustments.** Add lines 40 and 43d. .... → $ 3,847.75 Copy total here → − $3,847.75

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39. $-782.42

Part 3: Change in Income or Expenses

46. **Change in income or expenses.** If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
☐ 22C–1 ☐ 22C–2	____	____________________	________	☐ Increase ☐ Decrease	$________
☐ 22C–1 ☐ 22C–2	____	____________________	________	☐ Increase ☐ Decrease	$________
☐ 22C–1 ☐ 22C–2	____	____________________	________	☐ Increase ☐ Decrease	$________
☐ 22C–1 ☐ 22C–2	____	____________________	________	☐ Increase ☐ Decrease	$________

Debtor 1 JESSICA ROJAS ESCOBAR
First Name Middle Name Last Name
Case number (*if known*)

Part 4: **Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

✘ */s/ JESSICA ROJAS ESCOBAR*
Signature of Debtor 1

✘ ______________________________
Signature of Debtor 2

Date **June 8, 2015**
MM / DD / YYYY

Date ______________
MM / DD / YYYY

Label Matrix for local noticing
0104-3
Case 15-01588-BKT13
District of Puerto Rico
Old San Juan
Mon Jun 8 15:57:57 AST 2015

US Bankruptcy Court District of P.R.
Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

Asociacion De Res Parque De Candelero
PO Box 7887
Guaynabo, PR 00970-7887

Autoridad De Carreteras De Puerto Rico
Centro Procesamiento Multas AutoExpresso
PO Box 11889
San Juan, PR 00922-1889

DLJ Mortgage Capital
Select Portfolio Servicing, Inc.
PO Box 65450
Salt Lake City, UT 84165-0450

Lcdo Wendell W Colon Munoz
Civil Num: HSCI2014-01123
PO Box 7970
Ponce, PR 00732-7970

JESSICA ROJAS ESCOBAR
PO BOX 8460
HUMACAO, PR 00792-8460

JOSE RAMON CARRION MORALES
PO BOX 9023884
SAN JUAN, PR 00902-3884

MONSITA LECAROZ ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

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